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APPLICANTS

Roland Muller, Aalen, GERMANY;
 Joseph Schlosser, Aalen-Ebnat, GERMANY;

** CONTINUING DATA *None (OBT)*

** FOREIGN APPLICATIONS *Devised (OBT)*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 8	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *WET*

ADDRESS
 Steven M. duBois
 Potomac Patent Group, PLLC
 PO Box 855
 McLean, VA
 22101-0855

TITLE
 Mouth switch arrangement and microscope with mouth switch arrangement

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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